



LOUISVILLE METRO ABC TAX CLEARANCE FORM

Department of Codes & Regulations
Division of Licensing & Permits
Metro Development Center
444 S. Fifth Street, Suite 200
Louisville, KY 40202-4314
(502) 574-3591

RETURN THIS SIGNED FORM, ALONG WITH YOUR ABC NEW OR RENEWAL APPLICATION TO THE ABOVE ADDRESS

IN ACCORDANCE WITH THE PROVISIONS OF LOUISVILLE/JEFFERSON COUNTY CODE OF ORDINANCES, NO ABC LICENSE WILL BE ISSUED UNLESS ALL TAXES OWED TO LOUISVILLE METRO GOVERNMENT ARE PAID. THIS INCLUDES THOSE TAXES OWED, NOT ONLY IN RELATION TO THE ABC BUSINESS, BUT ANY AND ALL OTHER TAXES OWED TO LOUISVILLE METRO GOVERNMENT. IN ADDITION, IF THE BUILDING IN WHICH THE ABC BUSINESS IS LOCATED IS OWNED BY A SECOND PARTY, THE OWNER MUST HAVE PAID TO THE LOUISVILLE METRO GOVERNMENT ALL DELINQUENT AND CURRENT TAXES OR THERE MUST BE ARRANGEMENTS MADE WITH THE PROPER TAX COLLECTION AGENCY FOR PAYMENT OF THOSE TAXES IN ORDER FOR THE ABC LICENSE TO BE ISSUED. THIS WILL NORMALLY BE THE DELINQUENT TAX COLLECTING UNIT OF THE JEFFERSON COUNTY ATTORNEY'S OFFICE.

THIS FORM MUST BE SIGNED BY THE FOLLOWING:

- (1) JEFFERSON COUNTY ATTORNEY'S OFFICE OF DELINQUENT TAXES,
PHONE (502) 574-6336 OR FAX (502) 574-0009
9TH FL. FISCAL COURT BLDG, COURT PLACE, LOUISVILLE, KY 40202

THE DISTRICT, BLOCK AND LOT NUMBER, IF NOT KNOWN, CAN BE OBTAINED FROM THE JEFFERSON COUNTY SHERIFF'S OFFICE 574-5400, LOCATED ON THE 6TH FLOOR OF THE FISCAL COURT BUILDING

THE REVENUE COMMISSION NUMBER CAN BE OBTAINED FROM THE LOUISVILLE/JEFFERSON COUNTY REVENUE COMMISSION, (502) 574-4900, 617 WEST JEFFERSON STREET

ABC APPLICANT NAME _____

IS THE APPLICANT (CHECK ONE) ☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER

MAILING ADDRESS: _____

NAME OF BUSINESS (DBA) _____ PHONE# _____

LOCATION ADDRESS _____

DISTRICT _____ BLOCK NUMBER _____ LOT NUMBER _____

PROPERTY OWNER: _____ PHONE# _____

REVENUE COMMISSION # _____

JEFFERSON COUNTY ATTORNEY'S OFFICE

VERIFYING OFFICIAL'S SIGNATURE: _____ DATE: _____

LOUISVILLE JEFFERSON CO REVENUE COMMISSION

VERIFYING OFFICIAL'S SIGNATURE: _____ DATE: _____